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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby appoint:						
X Practition	ners associated with the Cust	omer Number:	er: 91283			
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
	Name	Registration Number	Name			Registration Number
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark-Office (USPTO) in connection with any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
The address associated with Customer Number: 91283						
OR						
Firm or Individual Name						
Address						
City		State		Zip		
Country		Telephone		Email		
Assignee Name and Address: Euro-Pro Operating LLC 180 Wells Avenue Suite 200 Newton, MA 02459						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Ly ma	Cabe	Date	10,	1410	
Name	Jennifer McCabe		Telephon	e	(617) 24	13-0235
Title	General Counsel and Vid	ce President				